Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/02/2010</u>	Address:	<u>56264 CR 1</u>
Case #:	<u>24F31355</u>		Elkhart, IN
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): garage			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: garage			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): garage			
Corrosive Acid: garage			
Corrosive Base: garage			
Other (item and location):oxidizer / garage			
Child under age 18 discovered (check one) ☐ Yes 2 (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:	
This repor	t is to be faxed to the following ager	icies that serve the l	ocation:
Fire Depart	nent: <u>Baugo Twp FD</u> Fax: <u>574-522-0801</u>		
Health Department: Elkhart Co. HD		Fax: <u>574-8</u> Fax: 574-2	
Child Prote	ection Service: Elkhart Co. DCS	1 un. <u>577-2</u>	700 Z100
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Maggie Shortt Phone 800-421-4912			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.